

DETAILED HEARING CONSERVATION DATA FOLLOWUP												ZIP CODE/APO	
<b>STATUS</b> <input type="checkbox"/> 1 - ACTIVE    2 - RESERVE    3 - NATIONAL GUARD    4 - CIVILIAN    5 - OTHER													
<b>PERSONAL DATA</b>													
SSN						NAME (Last, First, Middle Initial)							
<b>SEX</b> <input type="checkbox"/> 1 - MALE <input type="checkbox"/> 2 - FEMALE		DATE OF BIRTH (Year, Month, Day)				PAY GRADE (E-3, GS-4, O-5, WG-10, etc.)				AFSC			
MAILING ADDRESS OF ASSIGNMENT													
LOCATION - PLACE OF WORK						MAJOR COMMAND				DUTY PHONE			
<b>AUDIOMETRY<sup>1</sup> DETAILED FOLLOWUP (DFU) NO. 1</b>													
HOURS SINCE LAST NOISE EXPOSURE						1 - NO    2 - YES		HEARING PROTECTION WORN DURING EXPOSURE					
<b>AUDIOMETRIC DATA</b> RE: ANSI S3.6		LEFT						RIGHT					
		500	1000	2000	3000	4000	6000	500	1000	2000	3000	4000	6000
CURRENT AUDIOGRAM DATE (year, month, day)													
40 HOUR NFA (year, month, day)													
<b>THRESHOLD SHIFT</b> + = POORER    - = BETTER													
Threshold shift of 15dB or more at any frequency, either ear, is considered significant.		Significant threshold shift (STS) <input type="checkbox"/> 1 - NO    2 - YES				STS YES 1 - Medical referral required prior to followup No. 2 2 - If person is removed from noise duty, note this action under remarks, send copy to registry and place original in health record.				STS NO 1 - Return to duty 2 - Retain this form 3 - Retest in 3 months			
<b>EXAMINER</b>													
NAME (Last, First, Middle Initial)						SSN		AFSC		OFFICE SYMBOL			
<b>AUDIOMETER</b>													
<b>TYPE</b> <input type="checkbox"/> 1 - MANUAL    2 - SELF-RECORDING (auto)    3 - MICROPROCESSOR													
<b>DETAILED FOLLOWUP (DFU) NO. 2</b>													
HOURS SINCE LAST NOISE EXPOSURE						1 - NO    2 - YES		HEARING PROTECTION WORN DURING EXPOSURE					
<b>AUDIOMETRIC DATA</b> RE: ANSI S3.6		LEFT						RIGHT					
		500	1000	2000	3000	4000	6000	500	1000	2000	3000	4000	6000
CURRENT AUDIOGRAM DATE (year, month, day)													
40 HOUR NFA (year, month, day)													
<b>THRESHOLD SHIFT</b> + = POORER    - = BETTER													
Threshold shift of 15dB or more at any frequency, either ear, is considered significant.		Significant threshold shift (STS) <input type="checkbox"/> 1 - NO    2 - YES				STS YES 1 - Medical referral to consider permanent removal from duties in noise 2 - Send copy to registry 3 - Place original in health record				STS NO 1 - Return to duty 2 - Send copy to registry 3 - Place original in health record			
										Establish new reference on DD Form 2215 from: <input type="checkbox"/> Interim Reference <input type="checkbox"/> Other (Specify in Remarks)			
<b>EXAMINER</b>													
NAME (Last, First, Middle Initial)						SSN		AFSC		OFFICE SYMBOL			
<b>AUDIOMETER</b>													
<b>TYPE</b> <input type="checkbox"/> 1 - MANUAL    2 - SELF-RECORDING (auto)    3 - MICROPROCESSOR													
REMARKS (Use reverse if more space needed)													
<b>CONTENTS REVIEWED AND VALIDATED BY</b>													
NAME OF REVIEWER						AFSC		AUTOVON		SSN		OFFICE SYMBOL	

<sup>1</sup> Interim reference: extracted from 40 hr audiogram that validated significant threshold shift. the above audiograms are intended for 3rd and 6th month intervals